

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50021

FILED
Apr 16, 2014
Secretary of State
CC7175312608

Entity Name: TRI COUNTY ALLIANCE OF BLACK SCHOOL EDUCATORS, INC.

Current Principal Place of Business:

506 VEREEN DR
EATONVILLE, FL 32751

Current Mailing Address:

POST OFFICE BOX 941232
MAITLAND, FL 32794 US

FEI Number: 59-3139380

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EVANS, ROBERT T
506 VEREEN DR
EATONVILLE, FL 32751 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MCDANIEL, PERCY
Address 365 E. MAINE AVE
City-State-Zip: LONGWOOD FL 32750-5475

Title VP
Name SIMPSON, DESIREE
Address 231 VISTA OAK DR
City-State-Zip: LONGWOOD FL 32779

Title S
Name WATTS, ANTOINETTE ASST
Address P O BOX 593328
City-State-Zip: ORLANDO FL 32759

Title S
Name EVANS, ROBERT TASST
Address 506 VEREEN DR
City-State-Zip: EATONVILLE FL 32751

Title D
Name BELLINGER, ELIZABETH
Address P O BOX 273
City-State-Zip: CLARCONA FL 32710

Title D
Name GREY, ORIN
Address 2651 SILVER HILLS DR
City-State-Zip: ORLANDO FL 32818

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT THOMAS EVANS

ASSISTANT SECRETARY 04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date